

GEORGIA AUCTIONEER COMMISSION
237 COLISEUM DRIVE
MACON, GA 31217
TELEPHONE: 478.207.2440
www.sos.ga.gov/plb/auctioneer

APPLICATION FOR AUCTION COMPANY LICENSE

APPLICATION IS BEING MADE FOR (CHECK APPROPRIATE BOX):

☐ INITIAL AUCTION COMPANY LICENSE \$200 non-refundable fee
SEPARATE \$150 FEE PAYABLE TO “RECOVERY FUND” IS REQUIRED

☐ REINSTATEMENT OF LICENSE#_____ \$400 non-refundable fee

TRADE NAME/DBA NAME

FEDERAL EMPLOYER'S ID

MAILING ADDRESS (Address Will Be Used To Mail License & Renewal Notices):

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

BUSINESS TELEPHONE

EMAIL ADDRESS (TO BE USED FOR NOTIFICATION FROM THE COMMISSION): _____

PHYSICAL LOCATION ADDRESS (Cannot Use a P.O. Box. Address Will Appear on License and Online):

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

NAME OF APPLICANT FOR THE BUSINESS:

FIRST

MIDDLE

LAST

SUFFIX

OFFICE OR POSITION OF APPLICANT

SOCIAL SECURITY NO.*: _____ - _____ - _____

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

_____ I AM A U.S. CITIZEN

_____ I AM NOT A U.S. CITIZEN, BUT AM A QUALIFIED ALIEN UNDER THE FEDERAL IMMIGRATION AND NATURALIZATION ACT, AND I AM LAWFULLY PRESENT IN THE UNITED STATES.
(COMPLETE & SUBMIT ATTACHED FORM WITH COPY OF DOCUMENTATION)

PLACE OF BIRTH:

CITY

STATE OR COUNTRY

DATE OF BIRTH: _____/_____/_____

*APPLICANT MUST BE AT LEAST 18 YEARS OF AGE TO QUALIFY FOR LICENSURE

GENDER: _____ MALE _____ FEMALE

GEORGIA RESIDENT: _____ YES _____ NO

MAILING ADDRESS OF APPLICANT

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE

EMAIL ADDRESS (FOR COMMUNICATION BY THE BOARD): _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Professional Licensing Boards Division ("Division") to conduct a background investigation of me to determine my suitability for a licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Division or authorized representatives, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Signature of the Applicant

Date

Print Name

OWNERSHIP/RELATIONSHIP INFORMATION**SOLE PROPRIETORSHIP**

OWNER NAME: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE**CORPORATIONS & LIMITED LIABILITY COMPANIES**DATE REGISTERED WITH GEORGIA SECRETARY OF STATE: _____
LEGAL NAME OF BUSINESS:**LIST PRINCIPAL OFFICERS**

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE**PARTNERSHIPS****LIST PARTNERS**

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE APPLICANT FOR THE COMPANY

YES NO

1. HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY OR NOLO CONTENDERE, OR RECEIVED FIRST OFFENDER TREATMENT FOR ANY FELONY, MISDEMEANOR, OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI ARE NOT MINOR TRAFFIC VIOLATIONS.) IF SO, ATTACH A COMPLETE LIST OF **ALL** CONVICTIONS, NOLO CONTENDERE PLEAS, OR CRIMES FOR WHICH YOU HAVE RECEIVED FIRST OFFENDER TREATMENT, DETAILING DATES AND LOCATIONS WHERE SUCH CONVICTIONS, NOLO PLEAS, OR FIRST OFFENDER TREATMENTS OCCURRED, **INCLUDING CERTIFIED COURT DISPOSITIONS. FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION AS REQUESTED ALLOWS THE BOARD TO REFUSE TO GRANT A LICENSE (O.C.G.A. § 43-1-19(a)(2)). FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION, IF SUCH RESULTS IN THE GRANTING OF A LICENSE, ALLOWS THE BOARD TO IMMEDIATELY SUSPEND THAT LICENSE(O.C.G.A. § 43-6-18(9)).**

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2. HAVE YOU EVER HAD A LICENSE REVOKED, SUSPENDED, OR OTHERWISE SANCTIONED BY ANY BOARD OR AGENCY, OR HAVE YOU EVER BEEN DENIED ISSUANCE OF OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE? **IF SO, ATTACH EXPLANATION AND CERTIFIED COPIES OF ALL DISCIPLINARY DOCUMENTS.**

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AFFIDAVIT

I Hereby swear or affirm that the answers to the Background Investigation Questionnaire are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia Auctioneers Commission. I also understand that if my company is granted a license by the Georgia Auctioneers Commission, my company must employ auctioneers licensed in Georgia to conduct auction business in accordance with O.C.G.A. § 43-6-1 (3).

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF APPLICANT FOR THE COMPANY

SUBSCRIBED AND SWORN TO
BEFORE ME THIS ____ DAY OF _____,

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

ESCROW/TRUST ACCOUNT INFORMATION

O.C.G.A § 43-6-11.1(D) requires that an Auction Company maintain at all times an active trust account and register such account with the Georgia Auctioneer Commission.

Complete the following authorization permitting the examination of the escrow or trustee account by a duly authorized representative of the Commission, when so directed by the Commission.

_____ Name as it Appears on the Account		
_____ Account Number		
_____ Name of Bank		
_____ Street Address of Bank		
_____ City	_____ State	_____ Zip Code

I hereby authorize the Georgia Auctioneer Commission and/or authorized representative of the Georgia Auctioneer Commission to examine any information concerning the above-mentioned account.

_____ Print Name	
_____ Signature of the Applicant for the Company	_____ Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

*****NON-RESIDENT AUCTION COMPANY APPLICANTS ONLY*****

DESIGNATION OF AGENT FOR THE SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

The undersigned _____ being an applicant for licensure as a non-resident Auction Company in the State of Georgia, does hereby irrevocably designate and appoint the Division Director, Professional Licensing Division, State of Georgia, as its agent for the purpose of accepting service of any and all process issued by any court located within the State of Georgia, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to its duties or responsibilities as an Auction Company in the State of Georgia. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of Georgia and that the authority contained here shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of Georgia.

This _____ day of _____, _____.

Signature of the Applicant for the Company

Print Name

State of _____, County of _____

The above-named personally appeared before the undersigned Notary Public in and for the above-named County and State, the day and date above-named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purposes therein set forth.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

**** (SUBMIT THIS PAGE ONLY IF YOU CHECKED THAT YOU ARE NOT A U.S. CITIZEN ON PAGE 1) ****

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”)
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated “27a.12(a) (5)”
- _____ - INS Form I-766 (Employment Authorization Document) annotated “A5”
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”
- _____ - INS Form I-766 (Employment Authorization Document) annotated “A3”
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”
- _____ - INS Form I-766 (Employment Authorization Document) annotated “A10”
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (1) (3)”
- _____ - INS Form I-766 (Employment Authorization Document) annotated “A3”

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

Name of Applicant